



PUBLIC UTILITY COMMISSION OF TEXAS

CLASS B RATE CHANGE APPLICATION

Schedule Cover Page

UTILITY NAME: _____
WATER CCN NO. _____
SEWER CCN NO. _____
PUC DOCKET NO. _____

MAILING ADDRESS OF UTILITY: _____
Street, P.O. Box and/or suite number

City and Zip Code

BUSINESS PHONE NUMBER: _____

NAME OF PERSON TO CONTACT REGARDING THIS FILING:

NAME: _____
PHONE: _____
EMAIL ADDRESS: _____

PUC CLASS SIZE: B _____ C _____ (indicate an X)

FOR TEST YEAR ENDING: _____

WATER AMOUNT INCREASE (DECREASE): _____ (From I-1W, Line 32)
in dollars

SEWER AMOUNT INCREASE (DECREASE): _____ (From I-1S, Line 32)
in dollars

WATER PERCENT INCREASE (DECREASE): _____ (From I-1W, Line 33)

SEWER PERCENT INCREASE (DECREASE): _____ (From I-1S, Line 33)
percent above (below) current revenue requirement

DESCRIBE OWNERSHIP OF COMPANY:

DATE OF LAST GENERAL RATE CASE FILING: _____

RATE CASE OR DOCKET NUMBER OF LAST RATE FILING: _____

DATE OF LAST RATE FILING: _____

RATE CASE OR DOCKET NUMBER OF LAST MINOR TARIFF RATE CHANGE: _____

DATE OF LAST MINOR TARIFF RATE CHANGE*: _____

IF ANY UTILITY ASSETS WERE TRANSFERRED IN A STM, PROVIDE THE
DOCKET NO. OR TCEQ APPLICATION NUMBERS: _____

* (e.g. pass through rate change or temporary water rate provision).

ADDITIONAL INFORMATION

1.) List all affiliates and describe services for fee provided to the utility by any affiliate.

2.) List all public water supply (PWS) and water quality discharge permit (WQDP) numbers that the proposed rates will impact.

3.) List all PWS'S and WQDP'S by previous and new name that have been renamed since the last tariff update.

4.) Has the utility obtained new service area, infrastructure, or subdivisions since the last rate case resulting from a CCN amendment application or STM application? If yes, please provide the docket number and summarize these changes below:

5.) Has the utility sold or purchased assets in the past which gave rise to an acquisition adjustment? If so, provide the docket number for the sale approval and describe the applicant's proposed regulatory treatment.

6.) Does the utility provide non-residential water or sewer (industrial, wholesale, etc.) service? If yes, please describe below.

7.) Provide all subdivision names by previous and current names that are included in this rate application that have been renamed since the last rate filing or non-general rate change.

8.) Provide all names used by the utility, i.e., dba, registered name, and CCN name. If no other names are used, answer N/A.

UTILITY NAME: _____
GENERAL WATER RATE CHANGE APPLICATION SCHEDULES

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PUC Docket No.:

Test Year End:

Complete all of the following schedules for your Class B or C utility. Click on the schedule number under the "Attachment Schedule" to go directly to the next schedule. If the schedule does not apply mark the Table of Contents "N/A" to exclude the schedule. For directions on a specific schedule see Instructions.

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| V-4W(b) | 31 | Water Materials Inventory & Prepaids | _____ |
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*Schedules II-3S and III-1S are included on page 11, tab "II-3S & III-1S".

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GENERAL WATER RATE CHANGE APPLICATION SCHEDULES
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UTILITY NAME: _____

PUC DOCKET NO.: _____ TEST YEAR END: _____

I-1W - WATER REVENUE REQUIREMENT SUMMARY

| | | | A | B |
|------------|-----------|---|--------------------|---|
| Line No. | Acct. No. | Account Name | Adjusted Test Year | Reference/ Instructions |
| | | Volume Related Expenses: | | |
| 1 | 610 | Purchased Water/Pumpage Fees | | IV-1W |
| 2 | 615.1 | Power Expense-Production Only | | IV-1W |
| 3 | 618 | Other Volume Related Expenses | | IV-1W |
| 4 | | Total Volume Related Expenses | | Add Lines 1-3 |
| | | Non-Volume Related Expenses: | | |
| 5 | 601.1 | Employee Labor | | IV-1W |
| 6 | 620 | Materials and Supplies | | IV-1W |
| 7 | 631-636 | Contract Work | | IV-1W |
| 8 | 650 | Transportation Expenses | | IV-1W |
| 9 | 664 | Other Plant Maintenance | | IV-1W |
| 10 | | Total Non-Volume Related Expenses | | Add Lines 5-9 |
| | | Administrative & General Expenses: | | |
| 11 | 601.2 | Office Salaries | | IV-1W |
| 12 | 603 | Management Salaries | | IV-1W |
| 13. | 634 | Management Fees | | IV-1W |
| 14. | 604 | Employee Pensions & Benefits | | IV-1W |
| 15. | 615.2 | Purchased Power - Office Only | | IV-1W |
| 16. | 670 | Bad Debt Expense | | IV-1W |
| 17. | 676 | Office Services & Rentals | | IV-1W |
| 18. | 677 | Office Supplies & Expenses | | IV-1W |
| 19. | 678 | Professional Services | | IV-1W |
| 20. | 684 | Insurance | | IV-1W |
| 21. | 667 | Regulatory Expense (Other) | | IV-1W |
| 22. | 675 | Miscellaneous Expenses | | IV-1W |
| 23. | | Total Admin. & General Expenses | | Add Lines 11-22 |
| 24. | | Total Operating Expenses | | Lines 4 + 10 + 23 |
| 25. | 403 | Depreciation | | V-3W |
| 26. | 408 | Taxes Other Than Income | | VI-1 |
| 27. | 409/10 | Income Tax Expense | | VII-1 |
| 28. | | TOTAL EXPENSES | | Lines 24 through 27 |
| 29. | | REQUESTED RETURN | | V-1(a) |
| 30. | | TOTAL REVENUE REQUIREMENT | | Line 28 + Line 29 |
| 31. | | PASS THROUGH AND TAP FEE REVENUE | | I-2(a), Col. Water, Line 6 + III-1W(a), Col. D, Line 8 |
| 32. | | REQUESTED ANNUAL REVENUE INCREASE | | Line 30 + Line 31 - Line 36 (to notice) |
| 33. | | PERCENTAGE INCREASE | | (Line 30 + Line 31 - Line 36) / Line 36 |
| 34. | | LESS: OTHER REVENUES | | III-1W(b), Col. C, Line 5 |
| 35. | | REVENUE for RATE DESIGN | | Line 30 - Line 34 (Should Reconcile to VIII-1W, Line Adjusted TY Expenses) |

HISTORICAL DATA

| | | | | |
|-----|--|--|--|----------------------------------|
| 36. | | TOTAL HISTORIC (TEST YEAR) UTILITY REVENUE | | I-2(a), Col. A, Line 8 |
| 37. | | HISTORICAL TEST YEAR RETURN | | I-2(b), Col. A, Line 11 - Line 1 |

UTILITY NAME: _____
PUC DOCKET NO.: _____ TEST YEAR END: _____

I-1S - SEWER REVENUE REQUIREMENT SUMMARY

| | | | A | B |
|------------|-----------|---|--------------------|--|
| Line No. | Acct. No. | Account Name | Adjusted Test Year | Reference/ Instructions |
| | | Volume Related Expenses: | | |
| 1 | 710 | Purchased Sewer Treatment | | IV-1S |
| 2 | 715.1 | Power Expense-Production Only | | IV-1S |
| 3 | 718 | Other Volume Related Expenses | | IV-1S |
| 4 | | Total Volume Related Expenses | | Add Lines 1-3 |
| | | Non-Volume Related Expenses: | | |
| 5 | 701.1 | Employee Labor | | IV-1S |
| 6 | 720 | Materials and Supplies | | IV-1S |
| 7 | 731-736 | Contract Work | | IV-1S |
| 8 | 750 | Transportation Expenses | | IV-1S |
| 9 | 764 | Other Plant Maintenance | | IV-1S |
| 10 | | Total Non-Volume Related Expenses | | Add Lines 5-9 |
| | | Administrative & General Expenses: | | |
| 11 | 702.2 | Office Salaries | | IV-1S |
| 12 | 703 | Management Salaries | | IV-1S |
| 13. | 734 | Management Fees | | IV-1S |
| 14. | 704 | Employee Pensions & Benefits | | IV-1S |
| 15. | 715.2 | Purchased Power - Office Only | | IV-1S |
| 16. | 770 | Bad Debt Expense | | IV-1S |
| 17. | 776 | Office Services & Rentals | | IV-1S |
| 18. | 777 | Office Supplies & Expenses | | IV-1S |
| 19. | 778 | Professional Services | | IV-1S |
| 20. | 756-759 | Insurance | | IV-1S |
| 21. | 767 | Regulatory Expense (Other) | | IV-1S |
| 22. | 775 | Miscellaneous Expenses | | IV-1S |
| 23. | | Total Admin. & General Expenses | | Add Lines 11-22 |
| 24. | | Total Operating Expenses | | Lines 4 + 10 + 23 |
| 25. | 403 | Depreciation | | V-3S |
| 26. | 408 | Taxes Other Than Income | | VI-1 |
| 27. | 409/10 | Income Tax Expense | | VII-1 |
| 28. | | TOTAL EXPENSES | | Lines 24 through 27 |
| 29. | | REQUESTED RETURN | | V-1(b) |
| 30. | | TOTAL REVENUE REQUIREMENT | | Line 28 + Line 29 |
| 31. | | PASS THROUGH AND TAP FEE REVENUE | | I-2(a), Col. Sewer, Line 6 + III-1S, Col. E, Line 8 |
| 32. | | REQUESTED ANNUAL REVENUE INCREASE | | Line 30 + Line 31 - Line 36 (to notice) |
| 33. | | PERCENTAGE INCREASE | | (Line 30 + Line 31 - Line 36) / Line 36 |
| 34. | | LESS: OTHER REVENUES | | III-1S, Col. C, Line 6 |
| 35. | | REVENUE for RATE DESIGN | | Line 31 - Line 34 (Should Reconcile to VIII-1S, Line Adjusted Test Year Expenses) |

| HISTORICAL DATA | | | | |
|-----------------|--|-----------------------------|---|----------------------------------|
| 36. | | TOTAL HISTORIC REVENUE | - | I-2(a), Col. B, Line 8 |
| 37. | | HISTORICAL TEST YEAR RETURN | - | I-2(b), Col. B, Line 11 - Line 1 |

UTILITY NAME: _____
 FOR TEST YEAR ENDED: _____

DOCKET NUMBER: _____

I-2(a) - UTILITY REVENUE SUMMARY - INCOME STATEMENT

| Line No. | NARUC Account Description | Historical Test Year | | Work Paper Reference |
|----------|---|----------------------|-------|---|
| | | A | B | |
| | | Water | Sewer | |
| 1. | Metered Connections Base Rate Revenue | | | From financial records |
| 2. | Metered Connection Gallonage Rate Revenue | | | From financial records |
| 3. | Unmetered (Flat Rate) Revenue | | | From financial records |
| 4. | Total Metered & Flat Rate Revenue | | | Sum Lines 1, 2, & 3 |
| 5. | Total Other Revenues | | | For Water - From III-1W(b), Col. C, Line 9. For Sewer - From III-1S, Col. C, Line 9. |
| 6. | Tap Fee Revenues | | | From financial records |
| 7. | Other Utility Revenues (Please Identify) | | | From financial records |
| 8. | Total Historic Test Year Utility Revenues per Income Statement and Annual Report* | | | Line 4 + Line 5 + Line 6 + Line 7 |

*Provide all calculations and explanations for any differences between the applicant's annual report filed and this schedule. If your utility has not filed its annual report, please do so immediately. Annual report forms are available at www.puc.texas.gov/industry/water/forms

** If the utility provides non-residential retail service (wholesale, industrial, etc), provide a work paper with the details of this account by NARUC sub account number in the same format as Schedule I-2(a) above. Summary should support answers to question no. 6 on Additional Information tab of rate application.

I-2(b) - INCOME STATEMENT RECONCILIATION

| Line No. | Expense Source & Descriptions of Reconciling Items | A Water (Test Year) | B Sewer (Test Year) | C Total | D Work Paper Reference/ Reconciliation Description |
|----------|---|---------------------------|---------------------------|------------|--|
| 1. | Total Expenses Per Class B Rate Application | | | | IV-1W Col. C, Line 17 |
| | RECONCILING ITEMS: | | | | |
| 2. | Non-utility Expenses | | | | From Income Statement. |
| 3. | Regulatory Assessment Fee | | | | From Income Statement. |
| 4. | Depreciation Difference | | | | Rate Application - Income Statement |
| 5. | Taxes Other Than Income Difference | | | | Rate Application - Income Statement |
| 6. | Income Tax Difference | | | | Rate Application - Income Statement |
| 7. | Other (Please Explain) | | | | |
| 8. | Subtotalled Rate Change Expenses: | | | | Sum of Lines 1 through 6. |
| 9. | Income Statement Expenses: | | | | From Income Statement. |
| 10. | Expenses Reconcile to Income Statement? | | | | |
| 11. | Total Revenues Per Class B Rate Application: (From I-2(a), Col. A, Line 8 for water and I-2(b) Col. B, Line 8 for sewer.) | | | | |
| 12. | Gain on Sale of Fixed Assets | | | | |
| 13. | Interest Income | | | | |
| 14. | Other: | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | Subtotalled Revenues: | | | | |
| 19. | Total Income Statement Revenues: | | | | Manually Entered from Income Statement |
| 20. | Revenues Reconcile to Income Statement? | | | | These should all be true or explain below. |
| 21. | Do these values also tie to the annual report? If not, please explain? | | | | |

UTILITY NAME: _____
 FOR TEST YEAR ENDED: _____

DOCKET NUMBER: _____

II-1W - WATER METERED ACTIVE CONNECTIONS BY METER SIZE

| | | A | B | C | D | E |
|----------|--------------|---|---------------------|------------------|--------------|-------------------------------|
| | | Number of Water Connections | | | | |
| Line No. | Meter Size | End of Prior Year | Test Year Additions | End of Test Year | Meter Ratios | Meter Equivalencies End of TY |
| | | PUC Annual Report, Class B - Sch. 8; Class C - Sch. 4 | | $C = (A+B)$ | | $E = (C \times D)$ |
| 1. | 5/8" x 3/4" | | | | 1.0 | |
| 2. | 3/4" | | | | 1.5 | |
| 3. | 1" | | | | 2.5 | |
| 4. | 1 1/2" | | | | 5.0 | |
| 5. | 2" | | | | 8.0 | |
| 6. | 3" | | | | 15.0 | |
| 7. | 4" | | | | 25.0 | |
| 8. | 6" | | | | 50.0 | |
| 9. | Other" | | | | | |
| 10. | Total | | | | | |

II-1S - SEWER METERED ACTIVE CONNECTIONS BY METER SIZE

| | | A | B | C | D | E |
|----------|--------------|---|---------------------|------------------|--------------|-------------------------------|
| | | Number of Sewer Connections | | | | |
| Line No. | Meter Size | End of Prior Year | Test Year Additions | End of Test Year | Meter Ratios | Meter Equivalencies End of TY |
| | | PUC Annual Report, Class B - Sch. 8; Class C - Sch. 4 | | $C = (A+B)$ | | $E = (C \times D)$ |
| 1. | 5/8" x 3/4" | | | | 1.0 | |
| 2. | 3/4" | | | | 1.5 | |
| 3. | 1" | | | | 2.5 | |
| 4. | 1 1/2" | | | | 5.0 | |
| 5. | 2" | | | | 8.0 | |
| 6. | 3" | | | | 15.0 | |
| 7. | 4" | | | | 25.0 | |
| 8. | 6" | | | | 50.0 | |
| 9. | 8" | | | | 80.0 | |
| 10. | 10" | | | | 115.0 | |
| 11. | 12" | | | | 215.0 | |
| 12. | Total | | | | | |

UTILITY NAME: _____

FOR TEST YEAR ENDED: _____ DOCKET NUMBER: _____

II-2W - WATER UNMETERED ACTIVE FLAT RATE CONNECTIONS:

| | A | B | C | D |
|----------|----------------|---|---------------------|-------------|
| | | Number of Active Water Connections | | |
| Line No. | Flat Rate Unit | End of Prior Year | Test Year Additions | End of Year |
| | | PUC Annual Report, Class B - Sch. 8; Class C - Sch. 4 | | D = (B + C) |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | Total | | | |

II-2S - SEWER UNMETERED ACTIVE CONNECTIONS:

| | A | B | C | D |
|----------|----------------|---|---------------------|-------------|
| | | Number of Active Sewer Connections | | |
| Line No. | Flat Rate Unit | End of Prior Year | Test Year Additions | End of Year |
| | | PUC Annual Report, Class B - Sch. 8; Class C - Sch. 4 | | D = (B + C) |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | Total | | | |

UTILITY NAME: _____

FOR TEST YEAR ENDED: _____

DOCKET NUMBER: _____

II-3W(a) - WATER PRODUCTION FOR METERED RATES ONLY:

| | | A | B | C = A + B | D |
|----------|---|-----------|------------------|-----------------------|--|
| Line No. | Water Production (in 1,000 Gallons) | Test Year | K & M Changes | Adjusted Test Year | Reference |
| 1 | Total Water Pumped (Applicant's Source) | | | | PUC Annual Report, Class B - Sch. 8; Class C - Sch. 4 |
| 2a | Water Purchased | | | | Source Billing |
| 2b | Subsidence District: | | | | District Bill |
| 2c | Water Purchased - Groundwater Conservation District: | | | | District Bill |
| 2d | Water Purchased: Other Expenses Passed Through | | | | |
| 2 | Total Water Purchased | | | | PUC Annual Report, Class B - Sch. 8; Class C - Sch. 4 |
| 3 | Total Water Produced | | | | Line 1 + line 2 |
| 4 | Total Water Billed | | | | PUC Annual Report, Class B - Sch. 8; Class C - Sch. 4 |
| 5 | Total Accounted for Non-Revenue Water* | | | | |
| 6 | Total Unaccounted for Water | | | | Lines 3 less 4 less 5 |
| 7 | Percentage | | | | Line 6 divided by Line 3 |

* Describe the tracking technique for calculating line 5 and provide the records reflecting the calculation:

II-3W(b) - WATER PRODUCTION FOR UNMETERED (FLAT) RATES ONLY

| | | A | B | C = A + B | D |
|----------|---|-----------|-----------------|-----------------------|--|
| Line No. | Description | Test Year | K & M Change | Adjusted Test Year | Reference |
| 1 | Water Purchased (in 1,000 gallons) | | | | PUC Annual Report, Class B - Sch. 8; Class C - Sch. 4 |
| 2 | Water Pumped (Applicant's Source) (in 1,000 gallons) | | | | PUC Annual Report, Class B - Sch. 8; Class C - Sch. 4 |
| 3 | Total production (in 1,000 gallons) | | | | Lines 1 + 2 |

UTILITY NAME: _____

FOR TEST YEAR ENDED: _____ DOCKET NUMBER: _____

II-3S - SEWER TREATMENT:

| For Utilities with a Sewer Gallonage Rate | | A | B |
|---|--|-----------|--------------------------|
| Line No. | Sewer Treatment (1,000 Gallons) | Test Year | Reference |
| 1 | Total Number of Gallons Treated (Pumped) (Total Master Meter Reading for the year for the utility only.) | | Master Meter |
| 2 | Total Number of Gallons Treated by Another Source (Purchased Treatment) | | Source Billing |
| 3 | Total Number of Gallons Treated | | Line 1 + line 2 |
| 4 | Total Number of Gallons Billed | | Billing Report / Summary |

III-1S - OTHER SEWER REVENUES

| Line No. | | A | B | C = A + B |
|----------|---|---|---------------|--------------------|
| | Item Passed Through or Type of Other Revenue | Test Year Historical Revenues Collected | K & M Changes | Adjusted Test Year |
| 1. | Late Fees | | | |
| 2. | Meter Test Fees | | | |
| 3. | Reconnect Fees | | | |
| 4. | Sewer Treatment Fees | | | |
| 5 | Other (Attach Detail*) | | | |
| 6 | Total Other Revenues except Pass-Through Revenues | | | |
| 7 | All Pass-Through Revenues | | | |
| 8 | Total Other Sewer Revenues per Income Statement | | | |

(To I-1S, Line 34)

(Tie to I-2(a),
Col Sewer, Line 5)(Tie to Sch IV-2
applicable line item)

UTILITY NAME: _____
 FOR TEST YEAR ENDED: _____

DOCKET NUMBER: _____

III-1W(a) - PURCHASED WATER EXPENSE & PUMPAGE FEES (Pass Through Only):

| Line No. | | A | B | C = A x B | D |
|----------|---|---|----------------------------------|------------------------------|---|
| | Invoiced from: | Units purchased in _____ (e.g. 1,000 gal, AC - FT) | Price Per Unit (per contract) | Total Calculated Cost* | Actual Cost Paid per Financial Records Historical Test Year |
| 1. | Purchased Water: | | | | |
| 2. | Subsidence District: | | | | |
| 3. | Groundwater Conservation District: | | | | |
| 4. | Other Expenses Passed Through: | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | Total Purchased Water Expense & Pumpage Fees | | | | |

* Total in Col. C, Line 7 must agree with Schedule II-3W(a), Col. A, Line 2 or provide a reconciliation. (Tie to financial statements)

* If the utility provides non-residential retail service (wholesale, industrial, etc), provide a work paper with the details of this account by NARUC sub account number in the same format as Schedule III-W(a), Col. D above. Summary should support answers to question no. 6 on "ADD'L INFO" tab of rate application.

III-1W(b) OTHER WATER REVENUES

| Line No. | | A | B | C = A + B |
|----------|---|---|---|-----------------------|
| | Item Passed Through or Type of Other Revenue | Test Year Historical Revenues Collected | K & M Changes (+ increases, - decreases) | Adjusted Test Year |
| 1. | Late Fees | | | |
| 2. | Meter Test Fees | | | |
| 3. | Reconnect Fees | | | |
| 4. | Other (Attach Detail**) | | | |
| 5. | Total Other Revenues except Pass- Through Revenues (Lines 1-6) | | | |
| 6. | All Pass-Through Revenues | | | |
| 7. | Total Other Revenues per Income Statement | | | |

(To I-1W, Line 34)

(Tie to I-2(a),
Col Water, Line 5) (Tie to Sch IV-2
applicable line item)

** If the utility provides non-residential retail service (wholesale, industrial, etc), provide a work paper with the details of this account by NARUC sub account number in the same format as Schedule III-W(b) above. Summary should support answers to question no. 6 on "ADD'L INFO" tab of rate application.

UTILITY NAME: _____
 FOR TEST YEAR ENDED: _____

DOCKET NUMBER: _____

IV-1W - WATER OPERATING EXPENSES - MULTI-YEAR COMPARISON

INSTRUCTIONS: This page is supplemental information. It is required to support Schedules I-1S and I-1W. Complete the column A - C with historical financial data. The known and measurable (K&M) change column represents the total change in expenses anticipated for the year after the test year. The K&M amount represents only the increase or decrease in line item expense from the test year. The remaining columns will auto-populate if the Microsoft Excel version is used.

If the actual for the Test Year is higher than previous years, indicate the reason for the increase.

| | | | A | B | C | D | E |
|----|-----------------------|--|-----------------------------|----------------------------|-----------|-----------------------|-----------------------|
| | NARUC Acct. No. | NARUC Account Description | 2 Years before Test Year | 1 Year before Test Year | Test Year | K & M Change (K&M) | Adjusted Test Year |
| 1 | 610 | Purchased Water/Pumping Fees (Not Pass Through) | | | | | |
| 2 | 615.1 | Purchased Power - Production Only | | | | | |
| 3 | 618 | Other Volume Related Expenses | | | | | |
| 4 | 601.1 | Employee Labor | | | | | |
| 5 | 620 | Materials and Supplies | | | | | |
| 6 | 631-636 | Contract Work | | | | | |
| 7 | 650 | Transportation Expenses | | | | | |
| 8 | 664 | Other Plant Expense | | | | | |
| 9 | 601.2 | Office Salaries | | | | | |
| 10 | 603 | Management Salaries | | | | | |
| 11 | 634 | Management Fees | | | | | |
| 12 | 604 | Employee Pensions and Benefits | | | | | |
| 13 | 615.2 | Purchased Power - Office Only | | | | | |
| 14 | 670 | Bad Debts Expense | | | | | |
| 10 | 676 | Office Services & Rentals | | | | | |
| 11 | 677 | Office Supplies & Expenses | | | | | |
| 12 | 678 | Professional Services | | | | | |
| 13 | 684 | Insurance | | | | | |
| 14 | 666 | Regulatory Expense (Rate Case) | | | | | |
| 15 | 667 | Regulatory Expense (Other) | | | | | |
| 16 | 675 | Miscellaneous Expenses | | | | | |
| 17 | | TOTAL | | | | | |

INSTRUCTIONS (cont.): The second page of IV-1 auto-populates based on the data entered into page one when the Microsoft Excel version of the application is used.

IF FILLING OUT BY HAND THIS PAGE IS NOT REQUIRED.

| | | | A | B | C | D | E | F | G | H |
|----|---------|---|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|----------------------|------------------------|
| | | | T-2 - T-1 Change | T-2 - T-1 % Change | T-1 to TY Change | T-1 to TY % Change | TY to ATY Change | TY to ATY % Change | T-2 to ATY Change | T-2 to ATY % Change |
| 1 | 610 | Purchased Water/Pumping Fees (Not Pass Through) | | | | | | | | |
| 2 | 615.1 | Purchased Power - Production Only | | | | | | | | |
| 3 | 618 | Other Volume Expenses | | | | | | | | |
| 4 | 601.1 | Employee Labor | | | | | | | | |
| 5 | 620 | Materials and Supplies | | | | | | | | |
| 6 | 631-636 | Contract Work | | | | | | | | |
| 7 | 650 | Transportation Expenses | | | | | | | | |
| 8 | 664 | Other Plant Expense | | | | | | | | |
| 9 | 601.2 | Office Salaries | | | | | | | | |
| 10 | 603 | Management Salaries | | | | | | | | |
| 11 | 634 | Management Fees | | | | | | | | |
| 12 | 604 | Employee Pensions and Benefits | | | | | | | | |
| 13 | 615.2 | Purchased Power - Office Only | | | | | | | | |
| 14 | 670 | Bad Debts Expense | | | | | | | | |
| 10 | 676 | Office Services & Rentals | | | | | | | | |
| 11 | 677 | Office Supplies & Expenses | | | | | | | | |
| 12 | 678 | Professional Services | | | | | | | | |
| 13 | 684 | Insurance | | | | | | | | |
| 14 | 666 | Regulatory Expense (Rate Case) | | | | | | | | |
| 15 | 667 | Regulatory Expense (Other) | | | | | | | | |
| 16 | 675 | Miscellaneous | | | | | | | | |
| 17 | | TOTAL | | | | | | | | |

UTILITY NAME: _____
 FOR TEST YEAR ENDED: _____

DOCKET NUMBER: _____

IV-1S - SEWER OPERATING EXPENSES - MULTI-YEAR COMPARISON

INSTRUCTIONS: This page is supplemental information. It is required to support Schedules I-1S and I-1W. Complete the column A - C with historical financial data. The known and measurable (K&M) change column represents the total change in expenses anticipated for the year after the test year. The K&M amount represents only the increase or decrease in line item expense from the test year. The remaining columns will auto-populate if the Microsoft Excel version is used.

If the actual for the Test Year is higher than previous years, indicate the reason for the increase.

| | | | A | B | C | D | E |
|----|-----------------|---------------------------------|--------------------------|-------------------------|-----------|--------------------|--------------------|
| | NARUC Acct. No. | NARUC Account Description | 2 Years before Test Year | 1 Year before Test Year | Test Year | K & M Change (K&M) | Adjusted Test Year |
| 1 | 710 | Purchased Wastewater Treatment | | | | | |
| 2 | 715.1 | Power Expense - Production Only | | | | | |
| 3 | 718 | Other Volume Related Expenses | | | | | |
| 4 | 701.1 | Employee Labor | | | | | |
| 5 | 720 | Materials and Supplies | | | | | |
| 6 | 731-736 | Contract Work | | | | | |
| 7 | 750 | Transportation Expenses | | | | | |
| 8 | 764 | Other Plant Maintenance | | | | | |
| 9 | 702.2 | Office Salaries | | | | | |
| 10 | 703 | Management Salaries | | | | | |
| 11 | 734 | Management Fees | | | | | |
| 12 | 704 | Employee Pensions & Benefits | | | | | |
| 13 | 715.2 | Purchase Power - Office Only | | | | | |
| 14 | 770 | Bad Debt Expense | | | | | |
| 10 | 776 | Office Services & Rentals | | | | | |
| 11 | 777 | Office Supplies & Expenses | | | | | |
| 12 | 778 | Professional Services | | | | | |
| 13 | 756-759 | Insurance | | | | | |
| 14 | 766 | Regulatory Expense (Rate Case) | | | | | |
| 15 | 767 | Regulatory Expense (Other) | | | | | |
| 16 | 775 | Miscellaneous Expenses | | | | | |
| 17 | | TOTAL | | | | | |

INSTRUCTIONS (cont.): The second page of IV-1 auto-populates based on the data entered into page one.

IF FILLING OUT BY HAND THIS PAGE IS NOT REQUIRED.

| | | | A | B | C | D | E | F | G | H |
|----|--------------------|---------------------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|----------------------|------------------------|
| | NARUC Acct. No. | NARUC Account Description | T-2 - T-1 Change | T-2 - T-1 % Change | T-1 to TY Change | T-1 to TY % Change | TY to ATY Change | TY to ATY % Change | T-2 to ATY Change | T-2 to ATY % Change |
| 1 | 710 | Purchased Wastewater Treatment | | | | | | | | |
| 2 | 715.1 | Power Expense - Production Only | | | | | | | | |
| 3 | 718 | Other Volume Related Expenses | | | | | | | | |
| 4 | 701.1 | Employee Labor | | | | | | | | |
| 5 | 720 | Materials and Supplies | | | | | | | | |
| 6 | 731-736 | Contract Work | | | | | | | | |
| 7 | 750 | Transportation Expenses | | | | | | | | |
| 8 | 764 | Other Plant Maintenance | | | | | | | | |
| 9 | 702.2 | Office Salaries | | | | | | | | |
| 10 | 703 | Management Salaries | | | | | | | | |
| 11 | 734 | Management Fees | | | | | | | | |
| 12 | 704 | Employee Pensions & Benefits | | | | | | | | |
| 13 | 715.2 | Purchase Power - Office Only | | | | | | | | |
| 14 | 770 | Bad Debt Expense | | | | | | | | |
| 10 | 776 | Office Services & Rentals | | | | | | | | |
| 11 | 777 | Office Supplies & Expenses | | | | | | | | |
| 12 | 778 | Professional Services | | | | | | | | |
| 13 | 756-759 | Insurance | | | | | | | | |
| 14 | 766 | Regulatory Expense (Rate Case) | | | | | | | | |
| 15 | 767 | Regulatory Expense (Other) | | | | | | | | |
| 16 | 775 | Miscellaneous Expenses | | | | | | | | |
| 17 | | TOTAL | | | | | | | | |

UTILITY NAME:
FOR THE YEAR

DOCKET NUMBER: _____

IV-2 - KNOWN & MEASURABLE REVENUES OR EXPENSES JUSTIFICATIONS

INSTRUCTIONS: Provide a description for ALL "known and measurable" revenues or expenses, the amount of the change, and the justification for the change in the amount. For each "known and measurable expense noted, the utility must provide supporting documentation from the vendor, contractor, etc. that supports the increase or decrease in costs. Adequate supporting documentation consists of a rate change notice, a new contract etc. which must be submitted with the application. Reference the source documentation to this schedule.

| | NARUC Account Number | Description of Expense | Amount of K&M Change | Justification | Schedule Reference | Supporting documentation attachment number. |
|----|----------------------------|------------------------|-------------------------|---------------|-----------------------|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |

UTILITY NAME: _____
 FOR THE ADJUSTED TEST YEAR: _____

DOCKET NUMBER: _____

IV-4(a) - PAYROLL - DIRECT AND/OR INDIRECT EXPENSES (INCLUDES MERIT, BONUS, OVERTIME & AFFILIATED PAYROLL)

(Report must be provided in format provided below by EMPLOYEE.

For all utilities with affiliates, complete a second copy of this schedule for affiliated payroll and related charges.)

| | | A | B | C | D | E | F | G | H |
|--|---------------|-----------------------|-----------|--------------|-------------------------|----------------------------------|----------------------------|--------------------|--------------------|
| Line No. | Employee Name | Test Year Base Salary | Merit Pay | Overtime Pay | Total Test Year Payroll | Known & Measurable Amount Change | Adjusted Test Year Payroll | Allocated to Water | Allocated to Sewer |
| 601.1 & 701.1 - EMPLOYEE LABOR | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| 14. | | | | | | | | | |
| 15. | | | | | | | | | |
| 16. | | | | | | | | | |
| 17. | | | | | | | | | |
| 18. | | | | | | | | | |
| SUBTOTALLED EMPLOYEE LABOR | | | | | | | | | |
| 601.2 & 701.2 - OFFICE SALARIES | | | | | | | | | |
| 19. | | | | | | | | | |
| 20. | | | | | | | | | |
| 21. | | | | | | | | | |
| 22. | | | | | | | | | |
| 23. | | | | | | | | | |
| 24. | | | | | | | | | |
| 25. | | | | | | | | | |
| SUBTOTALLED OFFICE SALARIES | | | | | | | | | |

IV-4(a) - PAYROLL - DIRECT AND/OR INDIRECT EXPENSES (INCLUDES MERIT, BONUS, OVERTIME & AFFILIATED PAYROLL) (cont.)

(Report must be provided in format provided below by EMPLOYEE.

For all utilities with affiliates, complete a second copy of this schedule for affiliated payroll and related charges.)

| | | A | B | C | D | E | F | G | H |
|---------------------------------|---------------|--------------------------|-----------|--------------|----------------------------|---|-------------------------------|-----------------------|-----------------------|
| Line No. | Employee Name | Test Year Base Salary | Merit Pay | Overtime Pay | Total Test Year Payroll | Known & Measurable Amount Change | Adjusted Test Year Payroll | Allocated to Water | Allocated to Sewer |
| 603 & 703 - MANAGEMENT SALARIES | | | | | | | | | |
| 26. | | | | | | | | | |
| 27. | | | | | | | | | |
| 28. | | | | | | | | | |
| 29. | | | | | | | | | |
| 30. | | | | | | | | | |
| 31. | | | | | | | | | |
| 32. | | | | | | | | | |
| 33. | | | | | | | | | |
| 34. | | | | | | | | | |
| SUBTOTALLED MANAGEMENT SALARIES | | | | | | | | | |
| 634 & 734 - MANAGEMENT FEES | | | | | | | | | |
| 35. | | | | | | | | | |
| 36. | | | | | | | | | |
| 37. | | | | | | | | | |
| 38. | | | | | | | | | |
| 39. | | | | | | | | | |
| 40. | | | | | | | | | |
| SUBTOTALLED MANAGEMENT FEES | | | | | | | | | |
| Total | | | | | | | | | |

UTILITY NAME: _____
FOR THE ADJUSTED TEST YEAR: _____ DOCKET NUMBER: _____

IV-4(b) - WATER - ALLOCATION OF CAPITALIZED OR EXPENSED PAYROLL
SOME SALARIES MUST BE CAPITALIZED IN THIS REPORT IF EMPLOYEES INSTALL PLANT IN SERVICE
(Report must be provided by EMPLOYEE in the format below.)

| WATER | | A | B | C |
|--|----------------------------|---|---------------------|------------------|
| Line No. | Employee Name | Adjusted Test Year Payroll - IV-4(a), Col G | Capitalized Payroll | Expensed Payroll |
| 601.1 & 701.1 - EMPLOYEE LABOR | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| SUBTOTALLED EMPLOYEE LABOR | | | | |
| 601.2 & 701.2 - OFFICE SALARIES | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |
| SUBTOTALLED OFFICE SALARIES | | | | |
| 603 & 703 - MANAGEMENT SALARIES | | | | |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. | | | | |
| 31. | | | | |
| 32. | | | | |
| 33. | | | | |
| 34. | | | | |
| SUBTOTALLED MANAGEMENT SALARIES | | | | |
| 634 & 734 - MANAGEMENT FEES | | | | |
| 35. | | | | |
| 36. | | | | |
| 37. | | | | |
| 38. | | | | |
| 39. | | | | |
| 40. | | | | |
| SUBTOTALLED MANAGEMENT FEES | | | | |
| 41. | TOTAL | | | |
| 42. | Percentage Capitalized | | | |
| 43. | B41 divided by column A41. | | | |

UTILITY NAME:
FOR THE ADJUSTED TEST YEAR:

DOCKET NUMBER:

IV-4(b) - SEWER - ALLOCATION OF CAPITALIZED OR EXPENSED PAYROLL
SOME SALARIES MUST BE CAPITALIZED IN THIS REPORT IF EMPLOYEES INSTALL PLANT IN SERVICE
(Report must be provided by EMPLOYEE in the format below.)

| SEWER | | A | B | C |
|---------------------------------|----------------------------|---|---------------------|------------------|
| Line No. | Employee Name | Adjusted Test Year Payroll - IV-4(a), Col H | Capitalized Payroll | Expensed Payroll |
| 601.1 & 701.1 - EMPLOYEE LABOR | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| SUBTOTALLED EMPLOYEE LABOR | | | | |
| 601.2 & 701.2 - OFFICE SALARIES | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |
| SUBTOTALLED OFFICE SALARIES | | | | |
| 603 & 703 - MANAGEMENT SALARIES | | | | |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. | | | | |
| 31. | | | | |
| 32. | | | | |
| 33. | | | | |
| 34. | | | | |
| SUBTOTALLED MANAGEMENT SALARIES | | | | |
| 634 & 734 - MANAGEMENT FEES | | | | |
| 35. | | | | |
| 36. | | | | |
| 37. | | | | |
| 38. | | | | |
| 39. | | | | |
| 40. | | | | |
| SUBTOTALLED MANAGEMENT FEES | | | | |
| 41. | TOTAL | | | |
| 42. | Percentage Capitalized | | | |
| 43. | B41 divided by column A41. | | | |

UTILITY NAME: _____

FOR TEST YEAR ENDED: _____

DOCKET NUMBER: _____




V-1(a) - RETURN ON INVESTED CAPITAL:

| Line No. | Description | A | B | C |
|----------|--|-------|-------|-------|
| | | Water | Sewer | Total |
| 1. | Test Year End Invested Capital (from V-9, Line 14) | | | |
| 2. | Requested Rate of Return, ROR, (Col H, Line 4 below) | | | |
| 3. | Return on Invested Capital (Line 1 x Line 2) | | | |

From V-1(b),
Col. H, Line 4**Rate of Return:**

Schedule V-1(b): For col. A line 1, col. B line 1 and line 2 and col. F do not enter data. These cells are linked or contain formulas and will auto-populate when the appropriate subsidiary schedules are completed. Col. E contains the Applicant's percentage claimed for ratemaking purposes. For col. A line 2, actual equity should equal the amount the owner has contributed to the business to finance invested capital. However, if your actual debt percentage or equity percentage is greater than 60%, then use a 50/50% claimed capital structure.

V-1(b) - OVERALL RATE OF RETURN:

| Line No. | Description | A | B | C | D | E | F |
|----------|---|---------------|-------------------|---------------------------------------|------|---|---|
| | | Actual Amount | Actual Percentage | Claimed Percentage | Rate | Reference | Weighted Average Rate |
| | | | | Proposed Capital Structure Percentage | | | $F = C \times D$ |
| 1. | Long Term Debt and Advances from associated companies from V-2, Col. E, Line 9. | - | | | | From V-2, Col. H, Line 9  | |
| 2. | Equity (Balance sheet plus adjustments) | | | | | Applicant testimony/ROE* | |
| 3. | Total Capitalization Col. A line 1 plus col. A line 2 | - | | | | | |
| 4. | Overall Rate of Return | | | | | Line 1 + Line 2  |  |

To V-1(a), Total
Col., Line 2

* Please explain the applicant's requested return on Equity on V-1(b) col. D line 2. Include all calculations.

COMMENTS:

UTILITY NAME: _____
 FOR THE YEAR ENDED: _____

DOCKET NUMBER: _____

V-2 - LONG TERM DEBT - NOTES PAYABLE

List the following information concerning debt and equity of the utility and attach copies of notes payable used. Round all percentages to two (2) decimal places. If debt from affiliated interests is allocated to the utility, provide workpapers demonstrating and justifying the allocation.

| A | | B | C | D | E | F | G | H |
|---------------------------------------|---------------|---------------|------------------|----------------------------|---|--|------------------|-----------|
| Long Term Debt Name of Bank/Lender | | Date of Issue | Date of Maturity | Original Amount of Loan | Outstanding or Unpaid Balance- End of Test Year | Long Term Debt Weighted Average | Interest Rate | H = F x G |
| 1 | Part 1 - Debt | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | Total | | | | | | | |

To V-1(b),
Col. C, Line 1

To V-1(b), Col.
D, Line 1

UTILITY NAME: _____
 TEST YEAR ENDED: _____

DOCKET NUMBER: _____

PWS NUMBER: _____

V-3W - WATER PLANT IN SERVICE

| | [A] | | [B] | [C] | [D.1] | [D.2] | [D]=[D.1] - [D.2] | [E] | [F] | [G] | [H] | [I] |
|----------|--|----------------|-----------------------------------|--------------------|-----------------------------------|---------------------------|--|---------------------------------------|---|---|--------------------------------------|---|
| Line No. | NARUC Acct. No. & Item Description | Plant Location | Date of Installation (MM/DD/YYYY) | Service Life (Yrs) | Original Cost When Installed (\$) | Customer CIAC Amount (\$) | Adjusted Original Cost Net of Customer CIAC (\$) | Economic Life (Total Days In Service) | [F] = [D]/[C] Annual Depreciation (\$) | [G] = ([F]*[E])/365.25 Accumulated Depreciation (Reserve) (\$) | [H] = [D]-[G] Net Book Value (\$) | [I] = Developer Contributions in Aid of Construction (DCIAC) (\$) |
| | Examples of descriptions | | | | | | | | | | | |
| | Well #1 | Plant # 1 | | | | | | | | | | |
| | Well Pump 5 hp | Plant # 1 | | | | | | | | | | |
| | Booster Pump 25 hp | Plant # 1 | | | | | | | | | | |
| | Chlorination Equip | Plant # 1 | | | | | | | | | | |
| | 20,000 gallon Ground Storage Tank | Plant # 1 | | | | | | | | | | |
| | 5,000 gallon Pressure Tank | Plant # 1 | | | | | | | | | | |
| | 3" PVC Water Lines | Plant # 1 | | | | | | | | | | |
| 1 | 303 - Land | | | | | | | | | | | |
| 1.01 | | | | | | | | | | | | |
| 1.02 | | | | | | | | | | | | |
| 1.03 | | | | | | | | | | | | |
| 2 | 304 - Structures & Improvements | | | | | | | | | | | |
| 2.01 | | | | | | | | | | | | |
| 2.02 | | | | | | | | | | | | |
| 2.03 | | | | | | | | | | | | |
| 3 | 305 - Storage Tanks | | | | | | | | | | | |
| 3.01 | | | | | | | | | | | | |
| 3.02 | | | | | | | | | | | | |
| 3.03 | | | | | | | | | | | | |
| 4 | 306 - Intake Structures | | | | | | | | | | | |
| 4.01 | | | | | | | | | | | | |
| 4.02 | | | | | | | | | | | | |
| 4.03 | | | | | | | | | | | | |
| 5 | 307 - Wells | | | | | | | | | | | |
| 5.01 | | | | | | | | | | | | |
| 5.02 | | | | | | | | | | | | |
| 5.03 | | | | | | | | | | | | |
| 6 | 310 - Power Generation Equipment (Electrical/Generator) | | | | | | | | | | | |
| 6.01 | | | | | | | | | | | | |
| 6.02 | | | | | | | | | | | | |
| 6.03 | | | | | | | | | | | | |
| 7 | 311 - Well Pumps (> 5 hp) | | | | | | | | | | | |
| 7.01 | | | | | | | | | | | | |
| 7.02 | | | | | | | | | | | | |
| 7.03 | | | | | | | | | | | | |
| 8 | 311 - Well Pumps (< 5 hp) | | | | | | | | | | | |

UTILITY NAME: _____
 TEST YEAR ENDED: _____

DOCKET NUMBER: _____

PWS NUMBER: _____

V-3W - WATER PLANT IN SERVICE

| | [A] | | [B] | [C] | [D.1] | [D.2] | [D]=[D.1] - [D.2] | [E] | [F] | [G] | [H] | [I] |
|----------|---------------------------------------|----------------|-----------------------------------|--------------------|-----------------------------------|---------------------------|--|---------------------------------------|---|---|--------------------------------------|---|
| Line No. | NARUC Acct. No. & Item Description | Plant Location | Date of Installation (MM/DD/YYYY) | Service Life (Yrs) | Original Cost When Installed (\$) | Customer CIAC Amount (\$) | Adjusted Original Cost Net of Customer CIAC (\$) | Economic Life (Total Days In Service) | [F] = [D]/[C] Annual Depreciation (\$) | [G] = ([F]*[E])/365.25 Accumulated Depreciation (Reserve) (\$) | [H] = [D]-[G] Net Book Value (\$) | [I] = Developer Contributions in Aid of Construction (DCIAC) (\$) |
| 8.01 | | | | | | | | | | | | |
| 8.02 | | | | | | | | | | | | |
| 8.03 | | | | | | | | | | | | |
| 9 | 311 - Booster Pumps (> 5hp) | | | | | | | | | | | |
| 9.01 | | | | | | | | | | | | |
| 9.02 | | | | | | | | | | | | |
| 9.03 | | | | | | | | | | | | |
| 10 | 311 - Booster Pumps (< 5hp) | | | | | | | | | | | |
| 10.01 | | | | | | | | | | | | |
| 10.02 | | | | | | | | | | | | |
| 10.03 | | | | | | | | | | | | |
| 11 | 320 - Water Treatment Equipment | | | | | | | | | | | |
| 11.01 | | | | | | | | | | | | |
| 11.02 | | | | | | | | | | | | |
| 11.03 | | | | | | | | | | | | |
| 12 | 331 - Transmission/Distribution Mains | | | | | | | | | | | |
| 12.01 | | | | | | | | | | | | |
| 12.02 | | | | | | | | | | | | |
| 12.03 | | | | | | | | | | | | |
| 13 | 333 - Services | | | | | | | | | | | |
| 13.01 | | | | | | | | | | | | |
| 13.02 | | | | | | | | | | | | |
| 13.03 | | | | | | | | | | | | |
| 14 | 334 - Meters and Meter Installations | | | | | | | | | | | |
| 14.01 | | | | | | | | | | | | |
| 14.02 | | | | | | | | | | | | |
| 14.03 | | | | | | | | | | | | |
| 15 | 335 Hydrants | | | | | | | | | | | |
| 15.01 | | | | | | | | | | | | |
| 15.02 | | | | | | | | | | | | |
| 15.03 | | | | | | | | | | | | |
| 16 | 340 - Office Equipment | | | | | | | | | | | |
| 16.01 | | | | | | | | | | | | |
| 16.02 | | | | | | | | | | | | |
| 16.03 | | | | | | | | | | | | |
| 17 | 341 - Vehicles | | | | | | | | | | | |

UTILITY NAME: _____
 TEST YEAR ENDED: _____

DOCKET NUMBER: _____

PWS NUMBER: _____

V-3W - WATER PLANT IN SERVICE

| | [A] | | [B] | [C] | [D.1] | [D.2] | [D]=[D.1] - [D.2] | [E] | [F] | [G] | [H] | [I] |
|----------|------------------------------------|----------------|-----------------------------------|--------------------|-----------------------------------|---------------------------|--|---------------------------------------|---|---|--------------------------------------|---|
| Line No. | NARUC Acct. No. & Item Description | Plant Location | Date of Installation (MM/DD/YYYY) | Service Life (Yrs) | Original Cost When Installed (\$) | Customer CIAC Amount (\$) | Adjusted Original Cost Net of Customer CIAC (\$) | Economic Life (Total Days In Service) | [F] = [D]/[C] Annual Depreciation (\$) | [G] = ([F]*[E])/365.25 Accumulated Depreciation (Reserve) (\$) | [H] = [D]-[G] Net Book Value (\$) | [I] = Developer Contributions in Aid of Construction (DCIAC) (\$) |
| 17.01 | | | | | | | | | | | | |
| 17.02 | | | | | | | | | | | | |
| 17.03 | | | | | | | | | | | | |
| 18 | 343 - Shop Tools | | | | | | | | | | | |
| 18.01 | | | | | | | | | | | | |
| 18.02 | | | | | | | | | | | | |
| 18.03 | | | | | | | | | | | | |
| 19 | 344 - Lab Equipment | | | | | | | | | | | |
| 19.01 | | | | | | | | | | | | |
| 19.02 | | | | | | | | | | | | |
| 19.03 | | | | | | | | | | | | |
| 20 | 345 - Power Operated Equipment | | | | | | | | | | | |
| 20.01 | | | | | | | | | | | | |
| 20.02 | | | | | | | | | | | | |
| 20.03 | | | | | | | | | | | | |
| 21 | 348 - Fencing | | | | | | | | | | | |
| 21.01 | | | | | | | | | | | | |
| 21.02 | | | | | | | | | | | | |
| 21.03 | | | | | | | | | | | | |
| 22 | 348 - Other Tangible Plant | | | | | | | | | | | |
| 22.01 | | | | | | | | | | | | |
| 22.02 | | | | | | | | | | | | |
| 22.03 | | | | | | | | | | | | |
| 23 | Total (Items 1 - 22) | | | | - | - | - | | - | - | - | - |

¹Any amount paid for by the utility's customers will be deducted from the original cost. The Adjusted Original Cost net of Customer CIAC, column D, will be amortized and the net book value will be calculated in column H. Any item whose original cost was paid for by the customer(s) will equate to zero.

UTILITY NAME: _____
 TEST YEAR ENDED: _____

DOCKET NUMBER: _____

WQ DISCHARGE PERMIT NUMBER: _____

V-3S - SEWER PLANT IN SERVICE

| | [A] | | [B] | [C] | [D.1] | [D.2] | [D]=[D.1] - [D.2] | [E] | [F] | [G] | [H] | [I] |
|----------|--|------------------|--------------------------------------|-----------------------|---|--|---|---|---|--|--------------------------------------|--|
| Line No. | NARUC Acct. No. & Item Description | Plant Location | Date of Installation (MM/DD/YYYY) | Service Life (Yrs) | Original Cost When Installed (\$) | Customer Contributions in Aid of Constructions Amount (CIAC) (\$) | Adjusted Original Cost Net of Customer CIAC (\$) | Economic Life (Total Days In Service) | [F] = [D]/[C] Annual Depreciation (\$) | [G] = ([F]*[E])/365.25 Accumulated Depreciation (Reserve) (\$) | [H] = [D]-[G] Net Book Value (\$) | [I] = Developer Contributions in Aid of Construction (DCIAC) (\$) |
| | Examples of descriptions | | | | | | | | | | | |
| | <i>3" Sch 80 PVC Pressure Main 2,552 LF</i> | <i>Plant # 1</i> | | | | | | | | | | |
| | <i>4" Gate Valves</i> | <i>Plant # 1</i> | | | | | | | | | | |
| | <i>Gravity Collection Lines</i> | <i>Plant # 1</i> | | | | | | | | | | |
| | <i>Grinder Pumps</i> | <i>Plant # 1</i> | | | | | | | | | | |
| 1 | 353- Land | | | | | | | | | | | |
| 1.01 | | | | | | | | | | | | |
| 1.02 | | | | | | | | | | | | |
| 1.03 | | | | | | | | | | | | |
| 2 | 354 - Structures & Improvements | | | | | | | | | | | |
| 2.01 | | | | | | | | | | | | |
| 2.02 | | | | | | | | | | | | |
| 2.03 | | | | | | | | | | | | |
| 3 | 355 - Power Generation Equipment (Electrical/Generator) | | | | | | | | | | | |
| 3.01 | | | | | | | | | | | | |
| 3.02 | | | | | | | | | | | | |
| 3.03 | | | | | | | | | | | | |
| 4 | 360 - Collection Sewers - Force | | | | | | | | | | | |
| 4.01 | | | | | | | | | | | | |
| 4.02 | | | | | | | | | | | | |
| 4.03 | | | | | | | | | | | | |
| 5 | 361 - Collection Sewers - Gravity | | | | | | | | | | | |
| 5.01 | | | | | | | | | | | | |
| 5.02 | | | | | | | | | | | | |
| 5.03 | | | | | | | | | | | | |
| 6 | 362 - Clarifier & Media | | | | | | | | | | | |
| 6.01 | | | | | | | | | | | | |
| 6.02 | | | | | | | | | | | | |
| 6.03 | | | | | | | | | | | | |
| 7 | 363 - Services to Customers | | | | | | | | | | | |
| 7.01 | | | | | | | | | | | | |
| 7.02 | | | | | | | | | | | | |
| 7.03 | | | | | | | | | | | | |
| 8 | 364 - Flow Meters | | | | | | | | | | | |
| 8.01 | | | | | | | | | | | | |
| 8.02 | | | | | | | | | | | | |
| 8.03 | | | | | | | | | | | | |
| 9 | 370 - Manholes | | | | | | | | | | | |
| 9.01 | | | | | | | | | | | | |
| 9.02 | | | | | | | | | | | | |
| 9.03 | | | | | | | | | | | | |

V-3S - SEWER PLANT IN SERVICE

| Line No. | [A] | | [B] | [C] | [D.1] | [D.2] | [D]=[D.1] - [D.2] | [E] | [F] | [G] | [H] | [I] |
|----------|--|----------------|--------------------------------------|-----------------------|---|--|---|---|---|--|--------------------------------------|--|
| | NARUC Acct. No. & Item Description | Plant Location | Date of Installation (MM/DD/YYYY) | Service Life (Yrs) | Original Cost When Installed (\$) | Customer Contributions in Aid of Constructions Amount (CIAC) (\$) | Adjusted Original Cost Net of Customer CIAC (\$) | Economic Life (Total Days In Service) | [F] = [D]/[C] Annual Depreciation (\$) | [G] = ([F]*[E])/365.25 Accumulated Depreciation (Reserve) (\$) | [H] = [D]-[G] Net Book Value (\$) | [I] = Developer Contributions in Aid of Construction (DCIAC) (\$) |
| 10 | 371 - Lift Station Pumps | | | | | | | | | | | |
| 10.01 | | | | | | | | | | | | |
| 10.02 | | | | | | | | | | | | |
| 10.03 | | | | | | | | | | | | |
| 11 | 380 - Treatment and Disposal Equipment | | | | | | | | | | | |
| 11.01 | | | | | | | | | | | | |
| 11.02 | | | | | | | | | | | | |
| 11.03 | | | | | | | | | | | | |
| 12 | 381 - Plant Sewers | | | | | | | | | | | |
| 12.01 | | | | | | | | | | | | |
| 12.02 | | | | | | | | | | | | |
| 12.03 | | | | | | | | | | | | |
| 13 | 382 - Outfall Sewer Lines | | | | | | | | | | | |
| 13.01 | | | | | | | | | | | | |
| 13.02 | | | | | | | | | | | | |
| 13.03 | | | | | | | | | | | | |
| 14 | 391 - Vehicles | | | | | | | | | | | |
| 14.01 | | | | | | | | | | | | |
| 14.02 | | | | | | | | | | | | |
| 14.03 | | | | | | | | | | | | |
| 15 | 393 - Shop Tools | | | | | | | | | | | |
| 15.01 | | | | | | | | | | | | |
| 15.02 | | | | | | | | | | | | |
| 15.03 | | | | | | | | | | | | |
| 16 | 394 - Lab Equipment | | | | | | | | | | | |
| 16.01 | | | | | | | | | | | | |
| 16.02 | | | | | | | | | | | | |
| 16.03 | | | | | | | | | | | | |
| 17 | 395 - Power Operated Equipment | | | | | | | | | | | |
| 17.01 | | | | | | | | | | | | |
| 17.02 | | | | | | | | | | | | |
| 17.03 | | | | | | | | | | | | |
| 18 | 396 Communication Equipment | | | | | | | | | | | |
| 18.01 | | | | | | | | | | | | |
| 18.02 | | | | | | | | | | | | |
| 18.03 | | | | | | | | | | | | |
| 19 | 397 Misc. Equipment | | | | | | | | | | | |
| 19.01 | | | | | | | | | | | | |
| 19.02 | | | | | | | | | | | | |
| 19.03 | | | | | | | | | | | | |

V-3S - SEWER PLANT IN SERVICE

| | [A] | | [B] | [C] | [D.1] | [D.2] | [D]=[D.1] - [D.2] | [E] | [F] | [G] | [H] | [I] |
|----------|------------------------------------|----------------|--------------------------------------|-----------------------|---|--|---|---|---|--|--------------------------------------|--|
| Line No. | NARUC Acct. No. & Item Description | Plant Location | Date of Installation (MM/DD/YYYY) | Service Life (Yrs) | Original Cost When Installed (\$) | Customer Contributions in Aid of Constructions Amount (CIAC) (\$) | Adjusted Original Cost Net of Customer CIAC (\$) | Economic Life (Total Days In Service) | [F] = [D]/[C] Annual Depreciation (\$) | [G] = ([F]*[E])/365.25 Accumulated Depreciation (Reserve) (\$) | [H] = [D]-[G] Net Book Value (\$) | [I] = Developer Contributions in Aid of Construction (DCIAC) (\$) |
| 20 | 398 Other Tangible Plant | | | | | | | | | | | |
| 20.01 | | | | | | | | | | | | |
| 20.02 | | | | | | | | | | | | |
| 20.03 | | | | | | | | | | | | |
| 21 | Total (Items 1 - 20) | | | | - | - | - | | - | - | - | - |

¹Any amount incurred by the utility's customers will be deducted from the original cost. The adjusted original cost net of Customer CIAC, column D, will be depreciated and the net book value will be calculated in column G. Any item whose original cost was paid for by the customer(s) will equate to zero.

UTILITY NAME: _____
 FOR TEST YEAR ENDED: _____

DOCKET NUMBER: _____

V-3(a) UTILITY PLANT IN SERVICE RECONCILIATION

ORIGINAL COST DATA

| | | A | B | | C | D |
|----------|---|----------------------------|---|---|----------------------------|---|
| Line No. | Water Plant In Service Description | Water Original Cost Amount | Water Accumulated Depreciation (Reserve) Amount | Sewer Plant In Service Description | Sewer Original Cost Amount | Sewer Accumulated Depreciation (Reserve) Amount |
| 1. | Beginning Gross Plant (Original Cost) Balance (Set or Filed in Previous Rate Case) <i>Must match previous case.</i> | | | Beginning Gross Plant (Original Cost) Balance (Set or Filed in Previous Rate Case) <i>Must match previous case.</i> | | |
| 2. | Plant Additions After Previous Rate Case: | | | Plant Additions After Previous Rate Case: | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | Positive Adjustments to Gross Plant Balance* | | | Positive Adjustments to Gross Plant Balance* | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | Total Additions (Add Lines 3 Through 10, Col A): | | | Total Additions (Add Lines 3 Through 10, Col C): | | |
| 12. | Test Year Plant Retirements After Previous Rate Case: | | | Test Year Plant Retirements After Previous Rate Case: | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | | | | | | |
| 17. | Negative Adjustments to Gross Plant Balance* | | | Negative Adjustments to Gross Plant Balance* | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |
| 21. | Total Retirements (Add Lines 13 Through 20, Col A): | | | Total Retirements (Add Lines 13 Through 20, Col C): | | |
| 22. | (Line 1 + Line 11 - Line 21 of Col. A) Equals as V-3W, Col. D.1., Line 23 | | | Ending Balance at Test Year End (Line 1 + Line 11 - Line 21 of Col. C) Equals as V-3S, Col. D.1, Line 21 | | |
| 23. | V-3W, Col. D.1., Line 23 | | | V-3S, Col. D.1, Line 21 | | |
| 24. | Does Ending Balance Reconcile to(Tie-Out) to (Y or N) | | | Does Ending Balance Reconcile (Tie-Out) to (Y or N) | | |

*Please provide a full explanation of any adjustments to accounts from the prior period.

UTILITY NAME: _____
 FOR TEST YEAR ENDED: _____

V-4(a) - * CONSTRUCTION WORK IN PROGRESS (CWIP):

* DO NOT include construction work in progress in rate base, unless the utility meets the requirements of 16 Tex. Admin. Code §24.31(c)(4) (TAC).

| Line No. | Description | A | B |
|----------|---|------------------|-------|
| | | Test Year Amount | |
| | | WATER | SEWER |
| 1. | Beginning balance | | |
| 2. | Test year costs added | | |
| 3. | Test year construction costs completed | | |
| 4. | Ending balance | | |
| 5. | Average balance - test year (line 1 plus line 4, divided by 2) | | |

To V-9, Line 2.

To V-9, Line 2.

V-4W(b) - ** WATER MATERIALS INVENTORY & PREPAIDS:

** DO NOT include materials and supplies in rate base, unless the utility meets the requirements of 16 TAC §24.31(c)(2)(C)(i).

| WATER | | | |
|-------|--|----------------------|------------------|
| | | Materials & Supplies | Prepaid Expenses |
| 1. | Sum of 12 test year month end balances | | |
| 2. | One month prior to the test year, month end balance | | |
| 3. | 13 Month Average balance (line 6 plus line 7, divided by 13) | | |

To V-9, Line 3.

To V-9, Line 5.

V-4S(b) - ** SEWER MATERIALS INVENTORY & PREPAIDS:

** DO NOT include materials and supplies in rate base, unless the utility meets the requirements of 16 TAC §24.31(c)(2)(C)(i).

| SEWER | | | |
|-------|---|----------------------|------------------|
| | | Materials & Supplies | Prepaid Expenses |
| 1. | Sum of 12 test year month end balances | | |
| 2. | One month prior to the test year, month end balance | | |
| 3. | 13 Month Average balance (line 9 plus line 10, divided by 13) | | |

To V-9, Line 3.

To V-9, Line 5.

UTILITY NAME: _____
 FOR THE TEST YEAR ENDED: _____

DOCKET NUMBER: _____

V-5 - WORKING CASH ALLOWANCE CALCULATIONS

A utility shall divide its annual Operating and Maintenance (O&M) expenses (excluding all taxes and depreciation) by 12 if it is a Class B utility, or by 8 if it is a Class C utility filing a Class B package to calculate working cash allowance.

| Line No | Description | Water | Sewer |
|---------|--------------------------------|-----------------------------------|-----------|
| | | Class B Utilities Only | |
| 1 | Annual O & M Expenses | | |
| 2 | Working Cash (Line 1 / Line 3) | | |
| 3 | Divisor | 12 | 12 |

From Sch(s) I-1W and
I-1S, line 24

To Sch V-9,
Line 4

| Line No | Description | Water | Sewer |
|---------|--------------------------------|-----------------------------------|----------|
| | | Class C Utilities Only | |
| 4 | Annual O & M Expenses | | |
| 5 | Working Cash (Line 1 / Line 3) | | |
| 6 | Divisor | 8 | 8 |

From Sch(s) I-1W and
I-1S, line 24

To Sch V-9,
Line 4

UTILITY NAME: _____

FOR TEST YEAR ENDED: _____

DOCKET NUMBER: _____

V-6W - ADVANCES FOR CONSTRUCTION - WATER:

| | A | B | C | D | E | F |
|----------|---------------------|-----------------|-------------------|------------------------------|---|--------------------------------------|
| Line No. | Advance Description | Date of Advance | Amount of Advance | Repayments Made to Developer | (E)=(C)-(D) Advances for Construction Remaining Balance (ACRB) | Amount to be Refunded in the Future* |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | Total | | | | | |

* Do not record tap fees on this schedule. Tap fees should be reported on Schedule V-3W, column D.2.

To V-9, Col. A, Line

9

V-6S - ADVANCES FOR CONSTRUCTION - SEWER:

| | A | B | C | D | E | F |
|----------|---------------------|-----------------|-------------------|------------------------------|---|--------------------------------------|
| Line No. | Advance Description | Date of Advance | Amount of Advance | Repayments Made to Developer | (E)=(C)-(D) Advances for Construction Remaining Balance (ACRB) | Amount to be Refunded in the Future* |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | | | | | | |
| 17. | | | | | | |
| 18. | Total | | | | | |

* Do not record tap fees on this schedule. Tap fees should be reported on Schedule V-3S, column D.2.

To V-9, Col. B, Line

9

V-7W: OTHER DEFERRED DEBITS AND CREDITS - WATER:**

| | A | B | C | D | E | F | G |
|----------|--|---|--|---|------------------------|--|---|
| Line No. | Description & Origination Date of Deferred Debit or Credit | Original Amount of Deferred Debit or Credit | Beginning Amount of Test Year Deferred Debit or Credit | Amount of Accumulated Amortization at Test Year Beginning | Test Year Amortization | Amount of Accumulated Amortization at Test Year Ending | Ending Amount of Test Year Deferred Debit or Credit |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | SUBTOTAL | | | | | | |

To V-9, Col. A,
Line 6**V-7S: OTHER DEFERRED DEBITS AND CREDITS - SEWER**:**

| | A | B | C | D | E | F | G |
|----------|--|---|--|---|------------------------|--|---|
| Line No. | Description & Origination Date of Deferred Debit or Credit | Original Amount of Deferred Debit or Credit | Beginning Amount of Test Year Deferred Debit or Credit | Amount of Accumulated Amortization at Test Year Beginning | Test Year Amortization | Amount of Accumulated Amortization at Test Year Ending | Ending Amount of Test Year Deferred Debit or Credit |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | SUBTOTAL | | | | | | |

To V-9, Col. B,
Line 6

** If the utility does not have deferred debits/credits, please answer N/A.

Add lines to tables as necessary.

UTILITY NAME:

FOR TEST YEAR ENDED:

DOCKET NUMBER:

Unaffiliated Class C utilities and unaffiliated Class B utilities with Net Plant less than \$500,000 are not required to account for ADFIT. To the extent that new line items have been included within the calculation of ADFIT since the last rate filing, provide a complete description of the underlying issues that give rise to the new category of ADFIT. Provide the calculations required by the orders in PUC docket No. 47965, if applicable.

V-8W(a) - ACCUMULATED DEFERRED FEDERAL INCOME TAXES - WATER:

| | | A | B | C |
|----------|------------------------|------------------|-----|---------------------------|
| Line No. | Description | Test Year Amount | K&M | Adjusted Test Year Amount |
| 1. | Beginning Balance | | | |
| 2. | Test Year Amortization | | | |
| 3. | Ending Balance | | | |

To V-9,
Line 11

V-8W(b) - ACCUMULATED DEFERRED INVESTMENT TAX CREDITS - WATER:

| | | A | B | C |
|----------|------------------------|------------------|-----|---------------------------|
| Line No. | Description | Test Year Amount | K&M | Adjusted Test Year Amount |
| 4. | Beginning Balance | | | |
| 5. | Test Year Amortization | | | |
| 6. | Ending Balance | | | |

To V-9,
Line 12

V-8S(a) - ACCUMULATED DEFERRED INCOME TAXES - SEWER:

| | | A | B | C |
|----------|-------------------|------------------|-----|---------------------------|
| Line No. | Description | Test Year Amount | K&M | Adjusted Test Year Amount |
| 7. | Beginning Balance | | | |
| 8. | Test Year Amount | | | |
| 9. | Ending Balance | | | |

To V-9,
Line 11

V-8S(b) - ACCUMULATED DEFERRED INVESTMENT TAX CREDITS - SEWER:

| | | A | B | C |
|----------|-------------------|------------------|-----|---------------------------|
| Line No. | Description | Test Year Amount | K&M | Adjusted Test Year Amount |
| 10. | Beginning Balance | | | |
| 11. | Test Year Amount | | | |
| 12. | Ending Balance | | | |

To V-9,
Line 12

UTILITY NAME:
 FOR TEST YEAR ENDED:
 DOCKET NUMBER:

V-9 - INVESTED CAPITAL SUMMARY

| Line No. | Description | Amount | | Reference |
|----------|---|--------------|--------------|--|
| | | A | B | |
| | Additions: | WATER | SEWER | (From) |
| 1. | Utility Plant (Original Cost) | | | Col. D of V-3W, Line 23 for Water or Col. D of V-3S, Line 23 for Sewer |
| 2. | Construction Work in Progress | | | V-4(a), Col. A for Water, Col. B for Sewer, Line 5 |
| 3. | Materials and Supplies | | | V-4W(b) for Water or V-4S(b) for Sewer Line 3 |
| 4. | Working Cash Allowance (Capital) | | | V-5, Col. A for Water, Col. B for Sewer, Line 2. Select appropriate calculations for Class B or Class C sized utility. |
| 5. | Prepaid Expenses | | | V-4W(b) for Water or V-4S(b) for Sewer Line 3 |
| 6. | Other Additions or Deductions - Other Credits or Debits - Net of Accumulated Amortization | | | V-7W, Line 5 and V-7S, Line 5 |
| 7. | TOTAL ADDITIONS (Add Lines 1 through 6) | | | |
| | Deductions: | | | |
| 8. | Reserve for Depreciation (Accumulated) | | | Col G of V-3W, Line 23 for Water or Col. G of V-3S, Line 21 for Sewer |
| 9. | Advances for Construction | | | V-6W, Col F, Line 6 for Water, or V-6S, Col F, Line 18 for Sewer |
| 10. | Developer Contributions in Aid of Construction | | | V-3W, Col. I, Line 23 for Water or V-3S, Col. I, Line 21 for Sewer. |
| 11. | Accumulated Deferred Income Taxes * | | | V-8W(a), Line 3 for Water, V-8S(a), Line 9 for Sewer |
| 12. | Accumulated Deferred Investment Tax Credits * | | | V-8W(b), Line 6 for Water, V-8S(b), Line 12 for Sewer |
| 13. | TOTAL DEDUCTIONS (Add lines 8 through 13) | | | |
| 14. | INVESTED CAPITAL (Line 7, less Line 14) | | | |

UTILITY NAME: _____

FOR TEST YEAR ENDED: _____

DOCKET NUMBER: _____

VI-1 - OTHER TAXES:

| | | A | B | C | D | E | F |
|----------|--|-----------|--------------|--------------------|-----------|--------------|--------------------|
| | | WATER | | | SEWER | | |
| Line No. | Description | Test Year | K & M Change | Adjusted Test Year | Test Year | K & M Change | Adjusted Test Year |
| 1. | Property Taxes | | | | | | |
| 2. | Payroll Taxes | | | | | | |
| 3. | Other Taxes and Licenses | | | | | | |
| 4. | Texas Margins Tax | | | | | | |
| 5. | City Franchise Tax | | | | | | |
| 6. | Other | | | | | | |
| 7. | Total Other Taxes (Line 17 + 18 + Line 19) | | | | | | |

To I-1W, Line 26

To I-1S,
Line 26

UTILITY NAME: _____
 FOR THE ADJUSTED TEST YEAR: _____

VI-2 - PAYROLL TAXES (FICA, FUTA SUTA & CAPITALIZATION OF TAXES):

SOME SALARIES MUST BE CAPITALIZED IN THIS REPORT IF EMPLOYEES INSTALL PLANT IN SERVICE

(Report must be provided in format provided below by employee)

| | A | B | C | D | E | F | G | H |
|--|---------------|--|---|---|------------------------------------|---------------------------------|------------------------------------|---------------------------------|
| Line No. | Employee Name | Adjusted Test Year Payroll Expense - IV-4(a), Col. F | Water Payroll Taxes Allocated to Water | Sewer Payroll Taxes Allocated to Sewer | Water Payroll Taxes Capitalized | Water Payroll Taxes Expensed | Sewer Payroll Taxes Capitalized | Sewer Payroll Taxes Expensed |
| 601.1 & 701.1 - EMPLOYEE LABOR | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 15. | | | | | | | | |
| 16. | | | | | | | | |
| 17. | | | | | | | | |
| 18. | | | | | | | | |
| SUBTOTALLED EMPLOYEE LABOR | | | | | | | | |
| 601.2 & 701.2 - OFFICE SALARIES | | | | | | | | |
| 19. | | | | | | | | |
| 20. | | | | | | | | |
| 21. | | | | | | | | |
| 22. | | | | | | | | |
| 23. | | | | | | | | |
| 24. | | | | | | | | |
| 25. | | | | | | | | |
| SUBTOTALLED OFFICE SALARIES | | | | | | | | |
| 603 & 703 - MANAGEMENT SALARIES | | | | | | | | |
| 26. | | | | | | | | |
| 27. | | | | | | | | |
| 28. | | | | | | | | |
| 29. | | | | | | | | |
| 30. | | | | | | | | |
| 31. | | | | | | | | |
| 32. | | | | | | | | |
| 33. | | | | | | | | |
| 34. | | | | | | | | |
| SUBTOTALLED MANAGEMENT SALARIES | | | | | | | | |
| 634 & 734 - MANAGEMENT FEES | | | | | | | | |
| 35. | | | | | | | | |
| 36. | | | | | | | | |
| 37. | | | | | | | | |
| 38. | | | | | | | | |
| 39. | | | | | | | | |
| 40. | | | | | | | | |
| SUBTOTALLED MANAGEMENT FEES | | | | | | | | |
| 41. | TOTAL | | | | | | | |

UTILITY NAME:
FOR TEST YEAR ENDED:
DOCKET NUMBER:

VII-1 - GROSSED UP FEDERAL INCOME TAX

| | | A | B | C | D |
|----------|--|--------|---|---------------------------------|---------------------------------|
| Line No. | | Amount | Reference | Allocated to Water ¹ | Allocated to Sewer ¹ |
| 1 | Requested Return for Both Sewer and Water | | V-1(a), Col. Total, Line 3 | | |
| 2 | Less: Synchronized Interest for Both Sewer and Water | | V-1(b), Col. F, Line 1 x V-1(b), Col. A, Line 3 | | |
| 3 | Requested Taxable Return | | Line 1 minus Line 2 | | |
| 4 | Income Taxes at Proposed Rates for Both Sewer and Water | | | | |
| 5 | Effective Tax Rate (Total Taxes Before Gross Up / Total Taxable Income) | 21% | | | |
| 6 | Total Gross Up Factor | | 1.0 divided by (1.0 minus line 5) | | |
| 7 | Grossed Up Federal Income Tax | | Line 4 times line 6, To I-1S or I-1W, Line 27 | | |

¹Enter the "Requested Taxable Return" amount allocated to sewer and water. Also provide a detailed explanation of the allocation basis below:

UTILITY NAME: _____
 FOR THE TEST YEAR: _____

DOCKET NUMBER: _____

VIII-1W - WATER FIXED & VARIABLE REVENUE ALLOCATION

| | | | A | B | C = A x B | D = A - C |
|----------|-----------|--|--|-------------------|----------------|-------------------|
| Line No. | Acct. No. | Account Name | Adjusted Test Year Expenses (From Sch. IV-1W) | Fixed % of Col. A | Fixed Expenses | Variable Expenses |
| 1 | | Volume Related Expenses: | | | | |
| 2 | 610 | Purchased Water/Pumpage Fees (not Pass Through) | | | | |
| 3 | 615.1 | Power Expense-Production Only | | | | |
| 4 | 618 | Other Volume Related Expenses | | | | |
| 5 | | Non-Volume Related Expenses: | | | | |
| 6 | 601.1 | Employee Labor | | | | |
| 7 | 620 | Materials | | | | |
| 8 | 631-636 | Contract Work | | | | |
| 9 | 650 | Transportation Expenses | | | | |
| 10 | 664 | Other Plant Maintenance | | | | |
| 11 | 601.2 | Office Salaries | | | | |
| 12 | 603 | Management Salaries | | | | |
| 13 | 634 | Management Fees | | | | |
| 14 | 604 | Employee Pensions & Benefits | | | | |
| 15 | 615.2 | Purchased Power - Office Only | | | | |
| 16 | 670 | Bad Debt Expense | | | | |
| 17 | 676 | Office Services & Rentals | | | | |
| 18 | 677 | Office Supplies & Expenses | | | | |
| 19 | 678 | Professional Services | | | | |
| 20 | 684 | Insurance | | | | |
| 21 | 667 | Regulatory Expense (Other) | | | | |
| 22 | 675 | Miscellaneous Expenses | | | | |
| 23 | 403 | Depreciation | | | | |
| 24 | 408 | Taxes Other Than Income | | | | |
| 25 | 409/410 | Income Tax Expense | | | | |
| 26 | | TOTAL EXPENSES | | | | |
| 27 | | REQUESTED RETURN | | | | |
| 28 | | TOTAL REVENUE REQUIREMENT | | | | |
| 29 | | LESS: OTHER REVENUES | | | | |
| 30 | | REVENUE for RATE DESIGN | | | | |

| | | | | | | |
|----|-----|--------------------------------|--|--|--|--|
| 31 | 666 | Regulatory Expense (Rate Case) | | | | |
|----|-----|--------------------------------|--|--|--|--|

UTILITY NAME: _____
 FOR THE TEST YEAR: _____

DOCKET NUMBER: _____

VIII-1S - SEWER FIXED & VARIABLE REVENUE ALLOCATION

| | | | A | B | C = A x B | D = A - C |
|----------|-----------|--------------------------------------|--|-------------------|----------------|-------------------|
| Line No. | Acct. No. | Account Name | Adjusted Test Year Expenses (From Sch. IV-1S) | Fixed % of Col. A | Fixed Expenses | Variable Expenses |
| 1 | | Volume Related Expenses: | | | | |
| 2 | 710 | Purchased Sewer Treatment | | | | |
| 3 | 715.1 | Power Expense-Production Only | | | | |
| 4 | 718 | Other Volume Related Expenses | | | | |
| 5 | | Non-Volume Related Expenses: | | | | |
| 6 | 701.1 | Employee Labor | | | | |
| 7 | 720 | Materials | | | | |
| 8 | 731-736 | Contract Work | | | | |
| 9 | 750 | Transportation Expenses | | | | |
| 10 | 764 | Other Plant Maintenance | | | | |
| 11 | 701.2 | Office Salaries | | | | |
| 12 | 703 | Management Salaries | | | | |
| 13 | 734 | Management Fees | | | | |
| 14 | 704 | Employee Pensions & Benefits | | | | |
| 15 | 715.2 | Purchased Power - Office Only | | | | |
| 16 | 770 | Bad Debt Expense | | | | |
| 17 | 776 | Office Services & Rentals | | | | |
| 18 | 777 | Office Supplies & Expenses | | | | |
| 19 | 778 | Professional Services | | | | |
| 20 | 784 | Insurance | | | | |
| 21 | 767 | Regulatory Expense (Other) | | | | |
| 22 | 775 | Miscellaneous Expenses | | | | |
| 23 | 403 | Depreciation | | | | |
| 24 | 408 | Taxes Other Than Income | | | | |
| 25 | 409/410 | Income Tax Expense | | | | |
| 26 | | TOTAL EXPENSES | | | | |
| 27 | | REQUESTED RETURN | | | | |
| 28 | | TOTAL REVENUE REQUIREMENT | | | | |
| 29 | | LESS: OTHER REVENUES | | | | |
| 30 | | REVENUE for RATE DESIGN | | | | |

| | | | | | | |
|----|-----|--------------------------------|--|--|--|--|
| 31 | 766 | Regulatory Expense (Rate Case) | | | | |
|----|-----|--------------------------------|--|--|--|--|

UTILITY NAME:

FOR THE TEST YEAR ENDED:

DOCKET NUMBER:

VIII-2W - WATER SINGLE TIER RATE DESIGN

| Line No. | Description | Reference | Amount |
|----------|--|--------------------------|--------|
| 1 | Fixed Revenue | VIII-1W, Col. C, Line 30 | |
| 2 | Test Year Meter Equivalencies | II-1W, Col. E, Line 10 | |
| 3 | Billing Cycles per Year | | 12 |
| 4 | Base Rate (Line 1/Line 2/Line 3) | | |
| Line No. | Description | Reference | Amount |
| 5 | Variable Revenue | VIII-1W, Col. D, Line 30 | |
| 6 | Total Test Year Gallons Billed | II-3W(a), Col. C, Line 4 | |
| 7 | Number of Gallons | | 1,000 |
| 8 | Volumetric Rate (Charge per 1,000 gallons) (Line 5/Line 6/Line 7) | | |

VIII-2S - SEWER SINGLE TIER RATE DESIGN

| Line No. | Description | Reference | Amount |
|----------|--|--------------------------|--------|
| 1 | Fixed Revenue | VIII-1S, Col. C, Line 30 | |
| 2 | Test Year Meter Equivalencies | II-1S, Col. E, Line 12 | |
| 3 | Billing Cycles per Year | | 12 |
| 4 | Base Rate (Line 1/Line 2/Line 3) | | |
| Line No. | Description | Reference | Amount |
| 5 | Variable Revenue | VIII-1S, Col. D, Line 30 | |
| 6 | Total Test Year Gallons Billed | II-3S, Col. A, Line 4 | |
| 7 | Number of Gallons | | 1,000 |
| 8 | Volumetric Rate (Charge per 1,000 gallons) (Line 5/Line 6/Line 7) | | |

UTILITY NAME: _____

FOR THE TEST YEAR ENDED: _____

DOCKET NUMBER: _____

VIII-3W - WATER MULTI-TIER RATE DESIGN

| Line No. | Description | Reference | Amount |
|----------|-------------------------------|--------------------------|--------|
| 1 | Fixed Revenue | VIII-1W, Col. C, Line 30 | |
| 2 | Test Year Meter Equivalencies | II-1W, Col. E, Line 10 | |
| 3 | Billing Cycles per Year | | 12 |
| 4 | Base Rate | | |

| Multi-Tiered Rates | | | | |
|--------------------|---|--------------------------|--------------------------|------------------------|
| Line No. | Gallage Tier (Gallons) | Revenue (\$) | Gallons Billed (Gallons) | Rate per 1,000 Gallons |
| 5 | Variable Revenue | VIII-1W, Col. D, Line 30 | | |
| | <i>Example: 0-3,000</i> | | | |
| | <i>3,001-5,000 +</i> | | | |
| 6 | - | | | |
| 7 | - | | | |
| 8 | - | | | |
| 9 | - | | | |
| 10 | - | | | |
| 11 | - | | | |
| 12 | - | | | |
| 13 | - | | | |
| 14 | - | | | |
| 15 | Volumetric Rate (Charge per 1,000 gallons) | | | |

* *Gallage Tiers & Gallons Billed should match those used in Sch II-3W(a) or Sch II-3(b).*

UTILITY NAME: _____
 FOR THE TEST YEAR ENDED: _____
 DOCKET NUMBER: _____

VIII-3S SEWER MULTI-TIER RATE DESIGN

| Line No. | Description | Reference | Amount |
|----------|-------------------------------|--------------------------|--------|
| 1 | Fixed Revenue | VIII-1S, Col. C, Line 30 | |
| 2 | Test Year Meter Equivalencies | II-1S, Col. E, Line 12 | |
| 3 | Billing Cycles per Year | | 12 |
| 4 | Base Rate | | |

| Multi-Tiered Rates | | | | |
|--------------------|---|--------------------------|--------------------------|------------------------|
| Line No. | Gallage Tier (Gallons) | Variable Revenue (\$) | Gallons Billed (Gallons) | Rate per 1,000 Gallons |
| 5 | Variable Revenue | VIII-1S, Col. D, Line 30 | \$0 | |
| | <i>Example: 0-3,000</i> | | | |
| | <i>3,001-5,000 +</i> | | | |
| 6 | - | | | |
| 7 | - | | | |
| 8 | - | | | |
| 9 | - | | | |
| 10 | - | | | |
| 11 | - | | | |
| 12 | - | | | |
| 13 | - | | | |
| 14 | - | | | |
| 15 | Volumetric Rate (Charge per 1,000 gallons) | | | |

NOTICE OF RATE ADJUSTMENT

IX-1

Utility Name: _____ Docket No.: _____
CCN Number(s): Water _____ Sewer _____

The rates listed on the next page will apply to service received after the effective date listed on the notice below. This rate was requested by the utility and approved by the Public Utility Commission of Texas.

The following public water system(s), sewer system(s), and/or subdivision(s) will be affected by this rate adjustment:

Effective Date of Approved Increase: _____
(must be at least 30 days from the date the customers receive notice)

The rate adjustment will apply to all service rendered after the effective date and will be reflected on the bill you receive approximately 30 to 45 days after the effective date.

Address: _____
City: _____
State/Zip: _____
Telephone: _____

Percent of Water Rate Change¹: _____
Percent of Sewer Rate Change¹: _____
Date Notice Delivered: _____
Date Meters are Read: _____

Billing Comparison¹

Charges based on Gallons (G) per Month (mo)

Water:

| Previous | | New | |
|----------|----------|----------|----------|
| 5,000 G | _____/mo | 5,000 G | _____/mo |
| 10,000 G | _____/mo | 10,000 G | _____/mo |
| 30,000 G | _____/mo | 30,000 G | _____/mo |

Sewer:

| Previous | | New | |
|----------|----------|----------|----------|
| 5,000 G | _____/mo | 5,000 G | _____/mo |
| 10,000 G | _____/mo | 10,000 G | _____/mo |

¹The billing comparison only includes base rate, block gallonage rate and gallonage rate charges.

NOTICE OF RATE ADJUSTMENT

IX-2

Utility Name: _____ Docket No. _____
 CCN Number(s): Water _____ Sewer _____

WATER

| BASE RATES | | |
|--------------|----------------------------|-----------------------|
| Meter Size | Previous Monthly Base Rate | New Monthly Base Rate |
| 5/8" or 3/4" | | |
| 3/4" | | |
| 1" | | |
| 1 1/2" | | |
| 2" | | |
| 3" | | |
| 4" | | |
| 6" | | |
| 8" | | |
| 10" | | |
| Other: | | |

| GALLONAGE CHARGES | |
|---|------------------|
| for each additional 1,000 gallons over the minimum | |
| Previous Tariff Rates | New Tariff Rates |
| | |

| BLOCK GALLONAGE CHARGES | | | | | |
|--|--|----|--|--|---|
| Gallage Blocks (inclining or declining) | | | | Previous Tariff Rates (per 1,000 gallons) | New Tariff Rates (per 1,000 gallons) |
| From | | to | | gallons | |
| From | | to | | gallons | |
| From | | to | | gallons | |
| From | | to | | gallons | |
| For usage over | | | | | |

EFFECTIVE DATE:

NOTICE

Page 2 of 4

NOTICE OF RATE ADJUSTMENT

IX-2

Utility Name: _____

CCN Number(s):

Water _____

Sewer _____

SEWER

| BASE RATES | | |
|--------------|----------------------------|-----------------------|
| Meter Size | Previous Monthly Base Rate | New Monthly Base Rate |
| 5/8" or 3/4" | | |
| 3/4" | | |
| 1" | | |
| 1 1/2" | | |
| 2" | | |
| 3" | | |
| 4" | | |
| 6" | | |
| 8" | | |
| 10" | | |
| Other: | | |

| GALLONAGE CHARGES | |
|---|------------------|
| for each additional 1,000 gallons over the minimum | |
| Previous Tariff Rates | New Tariff Rates |
| | |

| BLOCK GALLONAGE CHARGES | | | | | | |
|--|--|----|--|---------|--|---|
| Gallage Blocks (inclining or declining) | | | | | Previous Tariff Rates (per 1,000 gallons) | New Tariff Rates (per 1,000 gallons) |
| From | | to | | gallons | | |
| From | | to | | gallons | | |
| From | | to | | gallons | | |
| From | | to | | gallons | | |
| For usage over | | | | gallons | | |

Effective Date:

NOTICE

Page 3 of 4

PUC DOCKET NO. _____

RATEPAYER PROTEST

UTILITY NAME: _____

Water CCN No.: _____ Sewer CCN No.: _____

If you wish to PROTEST the proposed rate change, you must submit this form and 10 copies to:

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
Austin, Texas 78711-3326

Unless protests are received from at least 10% of ratepayers or from any affected municipality, or the Commission Staff requests a hearing, no hearing will be held and the rates will be effective as proposed.

CUSTOMER INFORMATION (to be completed by customers submitting protests):

First Name: _____

Phone Number: _____

Address, City, State: _____

 Location where service is received:
 (if different from the mailing address) _____

Please fill out the following:

I wish to PROTEST the following proposed rate action or actions:

☐ Water Rate Change ☐ Sewer Rate Change ☐ Both Water and Sewer Rate Change

☐ Other (Please specify below:)

Signature of Protestant: _____

Date: _____

Si desea información en Español, puede llamar al 1-888-782-8477.

**Hearing- and speed-impaired individuals with text telephones may contact the
 PUC's Customer Assistance Hotline at: 512-936-7136.**

PUC DOCKET NO. _____
 UTILITY NAME: _____
 Water CCN No.: _____ Sewer CCN No.: _____

AFFIDAVIT OF NOTICE

STATE OF TEXAS

COUNTY OF _____

I, _____ being duly sworn, file this **NOTICE OF PROPOSED**

RATE CHANGE as _____
 (Indicate relationship to utility, i.e., owner, member of partnership, title as officer of corporation or other authorized representative of the utility);

that, in such capacity, I am qualified and authorized to file and verify such **NOTICE**; and that all statements made and matters set forth herein are true and correct.

I further represent that a copy of the attached **NOTICE** was provided by _____
 (method of delivery)
 to each customer or other affected party on or about _____ 20 _____

AFFIANT
 (Utility's Authorized Representative)

 NAME OF UTILITY

If the Affiant to this form is any person other than the sole owner, partner, officer of the Utility, or its attorney, a properly verified Power of Attorney must be enclosed.

SUBSCRIBED AND SWORN TO BEFORE ME,
 this the _____ day of _____, 20 _____ to certify which
 witness my hand and seal of office.

 NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

 PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES _____

PUC DOCKET NO. _____

UTILITY NAME: _____

Water CCN No.: _____ Sewer CCN No.: _____ For Test Year Ended: _____

VERIFICATION OF ACCURACY

OATH

(To be made by the officer having control of the accounting of the respondent.)

State of _____

as:

County of _____

_____ makes an oath and says that he/she is _____
(Name of Affiant) (Official Title of Affiant)

of _____
(Exact Legal Title or Name of the Respondent)

The signed officer has reviewed the application.

Based on the officer's knowledge, the rate application does not contain any untrue statements of a material fact or omit to state a material fact necessary in order to make the statements made, in light of the circumstances under which such statements were made, not misleading.

Based on such officer's knowledge, the financial statements, operations and other financial information included in the rate application fairly present in all material respects the financial condition and results of operations of the preparers as of, and for, the periods presented in the rate application.

He/she swears that all other statements contained in the said rate application are true, and that the said rate application is a correct and complete statement of the business and the above-named respondent during the test year time frame of _____ to _____, and including any additional time frames aside from the aforementioned test year resulting from rate case requests for information.

Subscribed and sworn to and before me, a _____ in and for the State and County above-named, this _____ day of _____.

(Signature of Affiant)

My commission expires _____
(Notary Public In And For The State Of Texas)

Print or Type Name of Notary

[Link to TOC V-XI](#)